

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number BY0026 First Named Inventor Norikazu Otake, et al COMPLETE IF KNOWN Application Number Filing Date Group Art Unit Examiner Name	
<input type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		OR	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HETEROARYLOXY NITROGENOUS SATURATED HETEROCYCLIC DERIVATIVE

the specification of which

(Title of the Invention)

- bears the Attorney Docket Number and Title of the Invention noted above
OR
 is attached hereto
OR
 was filed on (MM/DD/YYYY) 06/24/2004 as United States Application Number or PCT International Application Number JP2004009272 and was amended on (MM/DD/YYYY) (if applicable).
 I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?
				YES NO
2003-184879	JP	06/27/2003		<input checked="" type="checkbox"/> <input type="checkbox"/>
JP2004009272	PCT	06/24/2004		<input checked="" type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached here

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioners Associated with the Customer Numbr 000210
OR
 Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number

Direct all correspondence to: Customer Number 000210

Name					
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-	Fax	(732)594-

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
Norikazu			Ohtake		
Inventor's Signature	Norikazu Ohtake			Date	11/24/2005
Residence: City	Tsukuba-shi	State	Ibaraki	Country	Japan
Mailing Address	Banyu Pharmaceutical Co., Ltd., 2-2-3 Nihombashi-honcho, Chuo-ku				
City	Tokyo	State		ZIP	1038416
				Country	JAPAN
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A or 02LR attached hereto.					

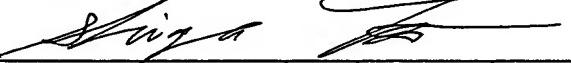
DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Akira				Naya			
Inventor's Signature	<i>Akira Naya</i>				Date	11/24/2005	
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Mailing Address	Banyu Pharmaceutical Co., Ltd., 2-2-3 Nihombashi-honcho, Chuo-ku						
City	Tokyo	State		ZIP	1038416	Country	JAPAN
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Yuji				Haga			
Inventor's Signature	<i>Yuji Haga</i>				Date	11/24/2005	
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Mailing Address	Banyu Pharmaceutical Co., Ltd., 2-2-3 Nihombashi-honcho, Chuo-ku						
City	Tokyo	State	US	ZIP	1038416	Country	JAPAN
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Makoto				Jitsuoka			
Inventor's Signature	<i>Makoto Jitsuoka</i>				Date	11/25/2005	
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City	Tokyo	State		ZIP	1038416	Country	JAPAN
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Takuya				Suga			
Inventor's Signature	<i>Takuya Suga</i>				Date	11/24/2005	
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City	Tokyo	State	"	ZIP	1038416	Country	JAPAN

DECLARATION AND POWER OF ATTORNEY

**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Ryo		Yoshimoto					
Inventor's Signature						Date	Nov. 25. 2005
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City	Tokyo	State		ZIP	1038416	Country	JAPAN
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Shigeru		Tokita					
Inventor's Signature						Date	Nov. 25. 2005
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City	Tokyo	State		ZIP	1038416	Country	JAPAN
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Akio		Kanatani					
Inventor's Signature						Date	Nov. 25. 2005
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Mailing Address	Banyu Pharmaceutical Co., Ltd., 2-2-3 Nihombashi-honcho, Chuo-ku						
City	Tokyo	State		ZIP	1038416	Country	JAPAN
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	